



Minnesota Board of Dentistry

University Park Plaza, 2829 University Ave SE, Suite 450
Minneapolis, MN 55414-3249
Website mn.gov/boards/dentistry
Phone 612.617.2250 - Toll Free 888.240.4762 - Fax 612.617.2260
MN Relay Service for Hearing Impaired 800.627.3529

AUDIT PROCESS:

The audit process is primarily a random selection; the Board will be auditing a percentage of licensees each month. If you are chosen for an audit you will be notified by letter that you have been selected.

You will have 60 days from the date on the audit notification letter to send the Board your completed portfolio. You will only need to submit enough documentation for the required number of hours for your profession. Any hours submitted over the required amount will not be reviewed. You will be notified by letter of the results of the audit. All licensees are considered to be actively licensed during the audit process.

It is required that you maintain portfolio documentation for 24 months after each biennial renewal period. Any documents submitted to the Board will be discarded at the completion of your audit therefore; it is important that you keep the original certificates or copies.

AUDIT TIPS:

In the event that you are audited, we advise:

- Do not submit documentation for courses taken outside your cycle dates as they are not allowable for credit, and will not be reviewed.
- Do not submit diplomas, achievement awards etc. The Board only wants to review your continuing education activities.
- Submit true, complete and accurate documentation for activities. Falsification of any documentation may result in disciplinary action against your license.
- Acceptable documentation must include: sponsor name-location and contact information, credentials or training that qualifies presenter to teach course, course title, date, hours and subject matter.
- CPR- a copy of the front and back of your CPR card/s; along with proof of hours from the sponsor. CPR certification must be the American Heart Association healthcare provider (BLS) or the American Red Cross professional rescuer (BLS) course.
- Include your completed and signed self-assessment.
- Include proof of at least two core subjects in two different core areas: infection control, record keeping, ethics, patient communications, management of medical emergencies, and treatment and diagnosis.
- A name badge, payment receipt, personal notes from attendance or course completion codes do not qualify as proof of attendance.
- Self study: include a personal log of published articles read including title of article, name of author, name of journal, publication date, and time spent.
- Courses taken to reinstate your license or to fulfill disciplinary and/or corrective action issued by the Board may not be used towards your professional development credits.

ADDITIONAL DOCUMENTS:

Include additional documents i.e. course syllabus, outline, brochure etc:

- With documentation that is not self explanatory.
- If a seminar included many topics that may fall under different categories of credit.
- If a course included a core topic, but it is not evident from the title.
- Do not include entire program guides or books.

Credits earned in excess of the required amount may not be carried into your next cycle.

Visit our web site (<http://mn.gov/boards/dentistry/>) for more Professional Development information or contact Amy (612-548-2132) at the Board office.

PROFESSIONAL DEVELOPMENT PORTFOLIO ORGANIZATIONAL CHART

Name: _____

License number: _____ Cycle dates: _____ to _____

Record your professional development activities in order of date taken. List the hours in the appropriate category. In the same order as listed, you must attach acceptable documentation for each activity. Only submit enough documentation for the required number of hours for your profession.

	<u>Fundamental</u>	<u>Elective</u>	<u>Total</u>
DDS, FF, S, GD, DT	minimum 30 hours	maximum of 20 hours	50
DH, GH, LDA, GLDA	minimum 15 hours	maximum of 10 hours	25
LGL (in a 3 year period)	minimum 45 hours	maximum of 30 hours	75

Print all information in ink; this form may be photocopied. This filled out original form must be submitted

<u>Date</u>	<u>Course Title</u>	<u>Fundamental Hours</u>	<u>Elective Hours</u>	<u>Core subject</u>	<u>Office use Only</u>
Example: 1/1/2016	CDC/OSHA Training	2		Infection Control	

Total Fundamental: _____

Total Elective: _____

I, attest to having complied with Minnesota Rules 3100.5100 and 3100.5200. I have a current healthcare provider CPR certification and all submitted information is true, complete and accurate.

Signature (**Original signature required**)

Date

Falsification of any documentation may result in disciplinary/corrective action against your license.